

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2007-14
CONSOLIDATION OF LAW ENFORCEMENT AGENCY NOTIFICATION (LEAN) AND
MISSING CHILDREN REPORTS (MCR)
FOR 2006-2007 AND SUBSEQUENT FISCAL YEARS

AUGUST 9, 2009

Revised October 15, 2010

In accordance with Government Code Section (GC §) 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for the filing of claims for the Consolidation of LEAN and MCR programs. These claiming instructions are issued subsequent to adoption of the program's Parameters and Guidelines (P's & G's) by the Commission on State Mandates (Commission).

On August 31, 1996, the Commission determined that the test claim legislation established costs mandated by the State according to the provisions listed in the attached P's & G's. which are included as an integral part of the claiming instructions.

Limitation

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

Eligible Claimants

Except for community colleges, any school district or county office of education, that incurs increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.

Reimbursement Claims

A reimbursement claim is defined in GC Section 17522 as any claim filed with the SCO by a school district for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim. In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions.

A. Filing Deadlines

A reimbursement claim is defined in GC Section 17522 as any claim filed with the SCO by a school district for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim.

An actual claim may be filed by February 15 following the fiscal year in which costs were incurred. Claims for fiscal year 2009-10 will be accepted without penalty if postmarked or delivered on or before **February 15, 2011. Claims filed more than one year after the deadline will not be accepted.**

B. Late Penalty

1. Initial Claims

Late initial claims are assessed a late penalty of 10% of the total amount of the initial claims without limitation.

2. Annual Reimbursement Claims

Annual reimbursement claims must be filed by February 15 of the following fiscal year in which costs were incurred or the claims will be reduced by a late penalty.

Late annual reimbursement claims are assessed a late penalty of 10% of the claim amount; \$10,000 maximum penalty.

Minimum Claim Cost

GC Section 17564(a) provides that no claim may be filed pursuant to Sections 17551 and 17561, unless such claim exceeds one thousand dollars (\$1,000), provided that a county superintendent of schools may submit a combined claim on behalf of school districts within their county if the combined claim exceeds \$1,000, even if each of the individual school district's claims does not exceed \$1,000. The county superintendent of schools shall determine if the submission of the combined claim is economically feasible and shall be responsible for disbursing the funds to each school district. These combined claims may be filed only when the county superintendent of schools is the fiscal agent for the school districts. A combined claim must show the individual claim costs for each eligible school district. All subsequent claims based upon the same mandate shall only be filed in the combined form unless a school district provides a written notice of its intent to file a separate claim to the county superintendent of schools, and to the SCO, at least one hundred and eighty days prior to the deadline for filing the claim.

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure Section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

Audit of Costs

All claims submitted to the SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the Commission. If any adjustments are made to a claim, a Notice of Claim Adjustment specifying the claim activity adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within thirty days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC Section 17558.5, Subdivision (a), a reimbursement claim for actual costs filed by a school district pursuant to this chapter is subject to the initiation of an audit by the SCO no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim is filed, the time for the SCO to initiate an audit shall commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

Retention of Claim Documentation

All documentation to support actual costs claimed must be retained for a period of three years after the end of the calendar year in which the reimbursement claim was filed or last amended regardless of the year of costs incurred. If no funds were appropriated for initial claims at the time the claim was filed, supporting documents must be retained for three years from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to the SCO on request.

Address for Filing Claims

Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 700
Sacramento, CA 95816

Mandated costs claiming instructions and forms are available online at the SCO's Web site: www.sco.ca.gov/ard_mancost.html. If you have any questions, call the Local Reimbursements Section at (916) 324-5729 or e-mail **LRSDAR@sco.ca.gov**.

CORRECTED CONSOLIDATED PARAMETERS AND GUIDELINES

Education Code Section 48902, Subdivision (c)
Chapter 1117, Statutes of 1989

Law Enforcement Agency Notifications (CSM 4505)

AND

Education Code Sections 38139, Subdivisions (a) and (b) and
49068.6, Subdivisions (b) and (d)

Statutes of 1986, Chapter 249

Statutes of 1999, Chapter 832

Missing Children Reports (01-TC-09)

(04-PGA-03)

Effective July 1, 2006 ~~2007~~ and Subsequent Years

I. SUMMARY OF THE MANDATES

Law Enforcement Agency Notification Program

The test claim statutes require school authorities to notify the appropriate law enforcement agency of any acts of a pupil that may involve the possession or sale of narcotics or of a controlled substance or a violation of Penal Code sections 626.9 and 626.10.¹

On October 31, 1996, the Commission on State Mandates (Commission) adopted the Statement of Decision for the *Law Enforcement Agency Notification* program (CSM 4505). The Commission found that Education Code section 48902, subdivision (c) constitutes a new program or higher level of service and imposes a reimbursable state-mandated program on school districts within the meaning of article XIII B, section 6, of the California Constitution and Government Code section 17514. Accordingly, the Commission approved this test claim for the following reimbursable activities:

- Notify the appropriate law enforcement agency of any acts of a pupil that may involve the possession or sale of narcotics or of a controlled substance or a violation of Penal Code sections 626.9 and 626.10.

¹ Penal Code section 626.9, known as the Gun-Free School Zone Act, makes it a crime, with certain exceptions, for a person to possess or to discharge a firearm in a school zone. Penal Code section 626.10 makes it a public offense, with certain exceptions, for a person to bring or possess any dirk, dagger, ice pick, knife unguarded razor blade, taser, stun gun, BB gun, pellet gun or spot marker gun upon school grounds.

Missing Children Reports Program

The test claim statutes impose numerous requirements on school districts for posting missing children bulletins, and notifying law enforcement agencies and parents of certain information about missing children.

On January 27, 2005, the Commission adopted the Statement of Decision for *Missing Children Reports* (01-TC-09). The Commission found that Education Code Sections 38139, subdivisions (a) and (b), and 49068.6, subdivisions (b) and (d), constitute a new program or higher level of service and impose a reimbursable state-mandated program on school districts within the meaning of article XIII B, section 6, of the California Constitution and Government Code section 17514. Accordingly, the Commission approved this test claim for the following reimbursable activities:

- For public primary and secondary schools to post information regarding missing children in appropriate areas (§ 38139, subds. (a) & (b)).
- For schools notified of a missing child to post a notice that the child has been reported missing on the front of the missing child's school record. (§ 49068.6, subd. (b)).
- For schools to notify law enforcement if the school receives a record inquiry about a missing child. (§ 49068.6, subd. (d)).

The Commission found that all other statutes and executive orders in the test claim are not reimbursable state-mandated programs within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514.

II. ELIGIBLE CLAIMANTS

Any school district or county office of education that incurs increased costs as a direct result of this reimbursable state mandated program is eligible to claim reimbursement of those costs.

III. PERIOD OF REIMBURSEMENT

These consolidated parameters and guidelines are effective beginning on July 1, 2006 ~~2007~~.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.

If the total costs for a given year do not exceed \$1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the

event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, the following activities are reimbursable:

Law Enforcement Agency Notification Program

A. On-Going Activities:

1. Preparing and Filing a Report (Ed. Code, § 48902, subd. (c))

Preparation of a report to the appropriate law enforcement authorities of any acts of a student that may involve the possession or sale of narcotics or of a controlled substance, or which may violate Penal Code sections 626.9 or 626.10, and filing the report with the appropriate law enforcement authorities.

2. Maintaining a Record of Reports Filed

Maintaining copies of the reports filed with the appropriate law enforcement agency.

Missing Children Reports Program

A. On-going Activities:

1. Posting Notices (Ed. Code § 38139, subd. (a) and (b))

Posting at an appropriate area (one restricted to adults for primary schools) all information regarding missing children.

2. Filing Law Enforcement Agency Notices (Ed. Code § 49068.6, subd. (b))

Placing the notice received from law enforcement agencies of a missing child in the front of the student's school record.

3. Report of Record Request (Ed. Code § 49068.6, subd. (d))

Notifying law enforcement authorities when the school receives an outside student record inquiry or request regarding a missing child.

V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. Attach a copy of the contract to the claim. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the dates when services were performed and itemize all costs for those services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1, Salaries and Benefits, for each applicable reimbursable activity.

B. Indirect Cost Rates

Indirect costs are costs that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the results achieved. After direct costs have been

determined and assigned to other activities, as appropriate, indirect costs are those remaining to be allocated to benefited cost objectives. A cost may not be allocated as an indirect cost if any other cost incurred for the same purpose, in like circumstances, has been claimed as a direct cost.

Indirect costs include: (a) the indirect costs originating in each department or agency of the governmental unit carrying out state mandated programs, and (b) the costs of central governmental services distributed through the central service cost allocation plan and not otherwise treated as direct costs.

School districts must use the J-380 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.

County offices of education must use the J-580 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.

VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter² is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

VII. OFFSETTING REVENUES AND OTHER REIMBURSEMENTS

Any offsets the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, service fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the test claim decision and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

² This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (d), and California Code of Regulations, title 2, section 1183.2.

X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statements of Decision are legally binding on all parties and provide the legal and factual basis for the consolidated parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claims. The administrative record, including the Statements of Decision, is on file with the Commission.

| | | | | | | |
|---|-------|--|--------------------------------------|--|---|--|
| CONSOLIDATION OF LAW ENFORCEMENT AGENCY NOTIFICATION AND MISSING CHILDREN REPORTS CLAIM FOR PAYMENT | | | For State Controller Use Only | | PROGRAM 276 | |
| (19) Program Number 00276 (20) Date Filed (21) LRS Input | | | | | | |
| (01) Claimant Identification Number | | | Reimbursement Claim Data | | | |
| (02) Claimant Name | | | (22) FORM-1, (03)(a) | | | |
| County of Location | | | (23) FORM-1, (03)(b) | | | |
| Street Address or P.O. Box | | Suite | (24) FORM-1, (04)(A)(1)(f) | | | |
| City | State | Zip Code | (25) FORM-1, (04)(A)(2)(f) | | | |
| | | Type of Claim | (26) FORM-1, (04)(B)(1)(f) | | | |
| | | (03) (09) Reimbursement <input type="checkbox"/> | (27) FORM-1, (04)(B)(2)(f) | | | |
| | | (04) (10) Combined <input type="checkbox"/> | (28) FORM-1, (04)(B)(3)(f) | | | |
| | | (05) (11) Amended <input type="checkbox"/> | (29) FORM-1, (06) | | | |
| Fiscal Year of Cost | | (12) | (30) FORM-1, (07) | | | |
| Total Claimed Amount | | (13) | (31) FORM-1, (09) | | | |
| Less: 10% Late Penalty (refer to attached Instructions) | | (14) | (32) FORM-1, (10) | | | |
| Less: Prior Claim Payment Received | | (15) | (33) | | | |
| Net Claimed Amount | | (16) | (34) | | | |
| Due from State | | (17) | (35) | | | |
| Due to State | | (18) | (36) | | | |
| <p>(37) CERTIFICATION OF CLAIM</p> <p>In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the school district or county office of education to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received, for reimbursement of costs claimed herein; claimed costs are for a new program or increased level of services of an existing program; and claimed amounts do not include charter school costs, either directly or through a third party. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>Signature of Authorized Officer _____</p> <p style="text-align: right;">Date Signed _____</p> <p style="text-align: right;">Telephone Number _____</p> <p style="text-align: right;">E-mail Address _____</p> <p>Type or Print Name and Title of Authorized Signatory _____</p> <p>(38) Name of Agency Contact Person for Claim _____</p> <p style="text-align: right;">Telephone Number _____</p> <p style="text-align: right;">E-mail Address _____</p> <p style="text-align: right;">Telephone Number _____</p> <p style="text-align: right;">E-mail Address _____</p> | | | | | | |

PROGRAM
276

**CONSOLIDATION OF LAW ENFORCEMENT AGENCY NOTIFICATION AND MISSING
CHILDREN REPORTS**

**CLAIM FOR PAYMENT
INSTRUCTIONS**

FORM
FAM-27

- (01) Enter the claimant identification number assigned by the State Controller's Office.
- (02) Enter claimant official name, county of location, street or postal office box address, city, state, and zip code.
- (03) to (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim as shown in the attached Form-1 line (11). The total claimed amount must exceed \$1,000.
- (14) Initial claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15** of the following fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim is timely filed. Otherwise, enter the penalty amount as a result of the calculation formula as follows:
- Late Initial Claims: FAM-27 line(13) multiplied by 10%, without limitation; or
 - Late Annual Reimbursement Claims: FAM-27, line (13) multiplied by 10%, late penalty not to exceed \$10,000.
- (15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.
- (16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form-1, (04)(A)(1)(f), means the information is located on form Form-1, line (04)(A)(1), column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8.
Completion of this data block will expedite the payment process.
- (37) Read the statement of Certification of Claim. The claim must be dated, signed by the agency's authorized officer, and must type or print name, title, telephone number and E-mail address. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and E-mail address of the agency contact person for the claim. If claim is prepared by external consultant, type or print the name of the consulting firm, telephone number, and e-mail address.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS TO:

Address, if delivered by U.S. Postal Service:

**OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250**

Address, if delivered by other delivery service:

**OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 700
Sacramento, CA 95816**

Program
276

**CONSOLIDATION OF LAW ENFORCEMENT AGENCY NOTIFICATION AND
MISSING CHILDREN REPORTS**

CLAIM SUMMARY

FORM
1

| | |
|---------------|---------------------------------|
| (01) Claimant | (02) Fiscal Year ____ / ____ |
|---------------|---------------------------------|

Claim Statistics

| | |
|--|--|
| (03) (a) Number of reports filed with the appropriate law enforcement agencies in the fiscal year of claim. | |
| (b) Number of notices received from law enforcement agencies regarding missing children in the fiscal year of claim. | |

| Direct Costs | Object Accounts | | | | | |
|---|---------------------------------|----------------------------------|-----------------------------|------------------------|---------------|--------------|
| | (a) Salaries and Benefits | (b) Materials and Supplies | (c) Contract Services | (d) Fixed Assets | (e) Travel | (f) Total |
| (04) Reimbursable Activities | | | | | | |
| A. Law Enforcement Agency Notification | | | | | | |
| 1. Preparing and Filing a Report | | | | | | |
| 2. Maintaining a Record of Reports Filed | | | | | | |
| B. Missing Children Reports | | | | | | |
| 1. Posting Notices | | | | | | |
| 2. Filing Law Enforcement Agency Notices | | | | | | |
| 3. Report of Record Request | | | | | | |
| (05) Total Direct Costs | | | | | | |

Indirect Costs

| | | |
|--------------------------------------|--|---|
| (06) Indirect Cost Rate | [Refer to claiming instructions] | % |
| (07) Total Indirect Costs | [Line (05)(f) – line (05)(d) – \$] x line (06) | |
| (08) Total Direct and Indirect Costs | [Line (05)(f) + line (07)] | |

Cost Reduction

| | |
|---------------------------------|---|
| (09) Less: Offsetting Savings | |
| (10) Less: Other Reimbursements | |
| (11) Total Claimed Amount | [Line (08) - {(line (09) + line (10))}] |

| | | |
|----------------------------------|---|-----------------------------|
| Program 276 | CONSOLIDATION OF LAW ENFORCEMENT AGENCY NOTIFICATION AND MISSING CHILDREN REPORTS CLAIM SUMMARY INSTRUCTIONS | FORM 1 |
|----------------------------------|---|-----------------------------|

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) (a) Enter the number of reports filed with the appropriate law enforcement agencies in the fiscal year of claim regarding acts of a student that may involve possession or sale of narcotics or controlled substances.
- (b) Enter the number of notices received from law enforcement agencies regarding missing children in the fiscal year of claim.
- (04) Reimbursable Activities. For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (h) to form 1, block (04), columns (a) through (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Enter the indirect cost rate from the Restricted Indirect Cost Rates for K-12 Local Educational Agencies (LEAs) Five Year Listing issued by the California Department of Education (CDE) School Fiscal Services Division, for the fiscal year of costs.
- (07) Total Indirect Costs. From the Total Direct Costs, line (05)(a), deduct Total Fixed Assets, line (05)(d) and any other item excluded from indirect cost distribution base in accordance with CSAM Procedure 915. Enter zero if there are no exclusions.
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

| | | |
|---|---|---|
| Program 276 | CONSOLIDATION OF LAW ENFORCEMENT AGENCY NOTIFICATION AND MISSING CHILDREN REPORTS ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

| | | | | | | | | | |
|--|---|---------------------------------------|------------------------------------|-------------------------------------|-----------------------------|------------------------|---------------|--|---|
| (01) Claimant | | | | (02) Fiscal Year | | | | | |
| <p>(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Law Enforcement Agency Program</p> <p><input type="checkbox"/> Preparing and Filing a Report</p> <p><input type="checkbox"/> Maintaining a Record of Reports Filed</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Missing Children Reports Program</p> <p><input type="checkbox"/> Posting Notices</p> <p><input type="checkbox"/> Filing Law Enforcement Agency Notices</p> <p><input type="checkbox"/> Report of Record Request</p> </td> </tr> </table> | | | | | | | | <p>Law Enforcement Agency Program</p> <p><input type="checkbox"/> Preparing and Filing a Report</p> <p><input type="checkbox"/> Maintaining a Record of Reports Filed</p> | <p>Missing Children Reports Program</p> <p><input type="checkbox"/> Posting Notices</p> <p><input type="checkbox"/> Filing Law Enforcement Agency Notices</p> <p><input type="checkbox"/> Report of Record Request</p> |
| <p>Law Enforcement Agency Program</p> <p><input type="checkbox"/> Preparing and Filing a Report</p> <p><input type="checkbox"/> Maintaining a Record of Reports Filed</p> | <p>Missing Children Reports Program</p> <p><input type="checkbox"/> Posting Notices</p> <p><input type="checkbox"/> Filing Law Enforcement Agency Notices</p> <p><input type="checkbox"/> Report of Record Request</p> | | | | | | | | |
| (04) Description of Expenses | | | | Object Accounts | | | | | |
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries and Benefits | (e) Materials and Supplies | (f) Contract Services | (g) Fixed Assets | (h) Travel | | |
| | | | | | | | | | |
| (05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____ | | | | | | | | | |

| | | |
|------------------------------|--|-------------------------|
| Program 276 | CONSOLIDATION OF LAW ENFORCEMENT AGENCY NOTIFICATION AND MISSING CHILDREN REPORTS ACTIVITY COST DETAIL INSTRUCTIONS | FORM 2 |
|------------------------------|--|-------------------------|

- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Activities. Check the box which indicates the cost activity being claimed. Check only one box per form. A separate Form 2 shall be prepared for each applicable activity.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box checked in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, and travel expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit will be from the date of initial payment of the claim. Such documents must be made available to the SCO on request.

| Object/ Sub object Accounts | Columns | | | | | | | | Submit supporting documents with the claim |
|-----------------------------------|---|--|--|---------------------------------------|----------------------------------|--|-------------------------|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| Salaries and Benefits | | | | | | | | | |
| Salaries | Employee Name/Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate x Hours Worked | | | | | |
| Benefits | Activities Performed | Benefit Rate | | Benefits = Benefit Rate x Salaries | | | | | |
| Materials and Supplies | Description of Supplies Used | Unit Cost | Quantity Used | | Cost = Unit Cost x Quantity Used | | | | |
| Contract Services | Name of Contractor Specific Tasks Performed | Hourly Rate | Hours Worked Inclusive Dates of Service | | | Cost=Hourly Rate x Hours Worked or Total Contract Cost | | | Copy of Contract and Invoices |
| Fixed Assets | Description of Equipment Purchased | Unit Cost | Usage | | | | Cost= Unit Cost x Usage | | |
| Travel | Purpose of Trip Name and Title Departure and Return Date | Per Diem Rate Mileage Rate Travel Cost | Days Miles Travel Mode | | | | | Cost = Rate x Days or Miles or Total Travel Cost | |

- (05) Total line (04), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (h) to form 1, block (04), columns (a) through (e) in the appropriate row.